

Virginia Board of Medicine

Examples of Reportable and
Non-Reportable Conduct

Examples of Reportable Conduct

Possible Impairment

Section 54.1-2914 (A) (9) of the Code of Virginia

- Physician observed slurring words
- Physician heard making uncharacteristic comments during rounds.
- Physician's breath smelled of alcohol

Examples of Reportable Conduct (cont.)

Fraudulent Claim

Section 54.1-2915 (A) (1) of the Code of Virginia

- Informed that a physician does not have a credential that he indicated during initial credentialing. After confirmation, the allegations appears to be true.

Examples of Reportable Conduct (cont.)

Dangerous Neglect

Section 54.1-2914 (A) (8) of the Code of Virginia

- A patient or Dr. X was admitted through the ER with myocardial ischemia.
- Dr. X gave telephone orders to admit the patient.
- In the next 24 hours, Dr. X did not round on the patient and could not be reached by phone or pager.
- Nursing staff has no alternative but to inform the Chief of the Medical Staff who arranges for patient's care with other doctor and reports to the matter to the Board of Medicine.

Examples of Reportable Conduct (cont.)

Standard of Care

Sections 54.1-2914 (A) (8) and
54.1-2915 (A) (4) of the Code of Virginia

- Surgeon angrily orders surgical team to begin procedure despite chief surgical nurse and other staff informing him of fluctuating vital signs.
- Twenty minutes into the case, the patient becomes bradycardic, hypotensive, arrests and dies on the table.
- Review of case shows the surgeon's disregard for the patient's pre-op condition breached the standard of care, whereupon the Administrator makes a report to the Board of Medicine.

Examples of Reportable Conduct (cont.)

Utilizing Unlicensed Individuals

Section 54.1-2914 (A) (6) of the Code of Virginia

- Administrator learns that one of the physicians on staff is utilizing unlicensed individuals to perform x-rays in his office.

Examples of Reportable Conduct (cont.)

Sexual Relationship

Section 54.12914 (A) (14) of the Code of Virginia and
18 VAC 85-20-100

- Dr. X, a family practitioner, treats Patient A.
- Patient A develops an acute episode of illness and is admitted to the hospital by Dr. X's partner as Dr. X doesn't have admitting privileges.
- Patient A informs nursing staff that she is involved in a sexual relationship with Dr. X.
- Director of Nursing reports the matter to the Administrator, who deems a report to the Board of Medicine is warranted.

Examples of Reportable Conduct (cont.)

Fraudulent Prescriptions

Section 54.1-2914 (A) (12) of the Code of Virginia

- Hospital pharmacist informs the Administrator that it appears that Dr. X wrote a prescription in the name of Patient A that was then given to Patient B, her sister.
- During investigation, Dr. X admitted to writing of fraudulent prescription, albeit with altruistic intent, in the name of one of his patients, whose sister was indigent and unable to afford medication.

Examples of Reportable Conduct (cont.)

Claims of Superiority and Possible Misleading advertising

Section 54.1-2403 of the Code of Virginia and 18
VAC 85-20-30

- Physician places an ad in the newspaper that says his services with a questionable new technology are the best around and guarantees a result superior to those of conventional approaches.
- He is reported to the Board for claims of superiority and possible misleading advertising.

Examples of Non-Reportable Conduct

- The Director of the Health Information Systems notified Dr. X that he was delinquent in his discharge summary dictations and would have his admission privileges suspended until they were completed.
- Dr. X completed his medical records in less than 30 days and was taken off the suspension list.

Examples of Non-Reportable Conduct (cont.)

- At re-credentialing time, Dr. X cannot provide the Medical Staff office with the required number of hours of CME.
- She is placed on probationary status until such time as she can provide evidence of completing the required number of hours.
- Dr. X does so in less than 30 days and her probation is terminated.

Examples of Non-Reportable Conduct (cont.)

- Dr. X is on call for his group Saturday night but when called by the ER, his wife tells them he is not feeling well and to call his partner who is on second call.
- The partner responds.
- On Monday morning, Dr. X confides in the Chief of Staff that he has diabetes, was experiencing an elevated blood sugar, and was very sorry for his inability to respond.
- He provides information from his treating physician and assures the Chief of Staff that he would do everything to prevent his **physical illness** from interfering with his patient care responsibilities in the future.

Examples of Non-Reportable Conduct (cont.)

- Dr. X is discourteous to nurses and patients alike.
- Her medical care is not in question.
- Occasionally the Administrator gets complaints from patients about Dr. X's "bedside manner."
- Although her **personal style** lacks gentility, she is not reported to the Board of Medicine.

Examples of Non-Reportable Conduct (cont.)

- Dr. X is the subject of a newspaper report after his arrest for DUI on a Saturday night.
- The Administrator and Chief of Staff investigate this matter and determine that this **DUI was an isolated incident, did not occur when the physician was on call, was not indicative of an ongoing problem of substance abuse or impairment**, and accordingly, to not report to the Board of Medicine.

Examples of Non-Reportable Conduct (cont.)

- It is recommended to hospitalized patient that he be seen by Dr. X, a specialist.
- Patient calls doctor's office and asks whether Dr. X participates in Acme Insurance Company's preferred provider organization
- Receptionist answers, "Yes, I think he does."
- Attending staff physician arranges for patient to be seen by Dr. X.
- Patient subsequently receives a bill for services and discovers that **Dr. X does not, in fact, participate with his insurer.**
- Complaint is made to hospital administrator, who is aware of **no other such complaints** regarding the physician and does not make a report to the Board of Medicine.

Questions and Comments